

# Services

MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota

**DH94 STARS**  
TEST

Actions  
Client Search  
Providers  
Unique ID Merge  
Transfers(4)  
System Message  
Support Tables  
Utilities  
Reports  
About  
Close

**General Info** | **MH** | **ADA I** | **ADA II**

Client Info | **Service(s)** | Income Eligibility | Hrdshp/Adm Rvw

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond  
MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Trn

**Client's Service(s)**

All Paid or Reported Services | Denied Contract Claims | All Replaced or Voided Claims | All Services of Selected Claim

Div	From	To	# Units	Paid Amt	Date Paid	Fund Src.	CPT /Modifier(s)
ADA	7/1/2008	7/31/2008	31	\$0.00		Non-Contract	H0019

Group By Claim | Edit | Delete | Summary Report | Cancel

The Services Screen can be accessed from the “Client Search Screen.” First locate the client and double click on the client’s record which opens up the “Client Information Screen” The “**Services**” tab is located on the top menu bar.

1. Clicking on the “Services” tab will open up the above screen.
2. This screen will display services billed within a 3 year time frame.
3. Contract and Title XIX services will be view only by Providers.
4. “Delete” will only delete a selected non-contract service.
5. “Summary Reports” will provide a report on all services provided to client for a selected time frame.
6. Clicking on “Cancel” will take provider back to the “Client Search Screen”.

# Services Detail Screen

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**General Info**

Client Info

Unique ID: 123401011950MHE Local ID: 007 First Name: James MI: Last Name: Bond  
 MH: Adm Date: ADA: Adm Date: 7/1/2008 Provider: Human Services Center Adult Chemical Dependency Trn

**Client's Service(s)**

	From	To	# Unit	Unit Length	Rate	Paid Amt	Funding Source
<input checked="" type="checkbox"/> ADA	7/1/2008	7/31/2008	31	Days	\$0.00	\$0.00	Non-Contract

CPT/Modifier  
 H0019 Intensive Inpatient Treatment - Adults/Adolescents

**Mental Health Status**

☐ Adult with SPMI ☐ Non-SPMI and No-SED  
☐ Child with SED ☐ Evaluation Status/Unknown ☐ Transitional status/SED and SPMI

Contract # Document # Delay Reason

Chk #/ACH: Date Paid: Charged Amt: \$0.00 Billed Units: 31 COB Clm Amt: \$0.00  
 Submit Date: 11/12/2008 Date Denied: COB Srv Amt: \$0.00

Place of Service  
 Residential Substance Abuse Treatment Facility

CLAIM Adjustment Reason Service Adjustment Reason

Service Reference Number Batch Number Title XIX Ref #  
 081112N0000001 54081112120359

Claim Frequency Original Reference Number  
 Original

Print Show Claim And All Services Cancel

1. This screen is View/Print only by Providers.
2. The “Services Detail Screen” provides information on client’s billing information. Specifically, whether ADA or MH were billed, total units, date from and date to, unit length, rate of service, paid amount, and funding source.
3. Information is also available on Contract #, CPT modifier used, mental health status, place of service, claims stats, service Reference Number, and Title XIX Reference #.
4. The “Print” tab will allow providers to print this page.
5. The “Cancel” tab will take a provider back to the “Services List Screen.”